
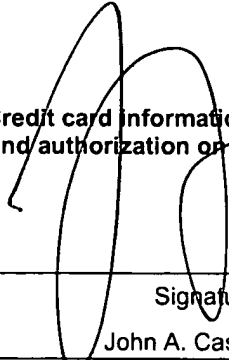
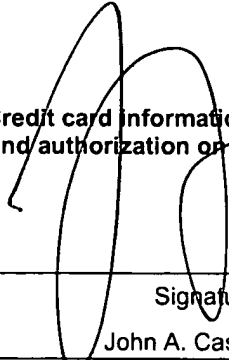
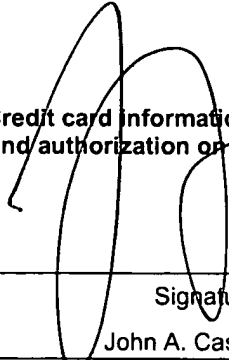


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 29250-000871/US			
		In re Application of Epke BOSMA			
		Application Number 10/511,582	Filed October 18, 2004		
		For AUTOMATIC MILK SEPARATION			
		Group Art Unit 3643	Examiner Son T. Nguyen		
<p>Applicant(s) hereby petition(s) for an extension of one (1) month(s) pursuant to 37 C.F.R. §§ 1.17 and 1.136(a).</p> <p>The fee has been calculated as shown below:</p> <p><input checked="" type="checkbox"/> NO extensions of time have been previously obtained for responding to the Final Rejection. Thus a fee of \$130.00 is required for the <u>full period</u> of the above-requested extension of time.</p> <p><input type="checkbox"/> An extension of <u> </u> month(s) for responding to the Final Rejection was previously requested and paid for on <u> </u>. Thus a fee of \$0.00 is required to obtain an additional <u> </u> month(s) for filing the Notice of Appeal, Pre-Appeal Brief Request for Review, and Request for Pre-Appeal Brief Conference.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u> </u>.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-0750</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a). <u> </u></p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table border="0" style="width: 100%;"><tr><td style="width: 50%; text-align: center;"><u>April 16, 2009</u> Date</td><td style="width: 50%; text-align: center;"> Signature <u>John A. Castellano</u> Typed or printed name</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of <u> </u> forms are submitted.</p>				<u>April 16, 2009</u> Date	 Signature <u>John A. Castellano</u> Typed or printed name
<u>April 16, 2009</u> Date	 Signature <u>John A. Castellano</u> Typed or printed name				

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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